Standards Implementation Workgroup
Draft Transcript
January 31, 2011

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good afternoon, everybody, and welcome to the Implementation Workgroup. This is a Federal Advisory Committee, so there will be opportunity at the end of the call for the public to make comment. This call should run for about an hour.

Let me do a quick roll call. Judy Murphy?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Liz Johnson? Lisa Carnahan or somebody from NIST? Is anyone on? Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Carol Diamond?

Meredith Taylor – Markle Foundation – Director of Health
Hello. It's Meredith Taylor for Carol Diamond.

Judy Sparrow – Office of the National Coordinator – Executive Director
John Derr?

John Derr – Golden Living LLC – Chief Technology Strategic Officer
I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Linda Fischetti? Tim Gutshall? Nancy Orvis? Wes Rishel? Kevin Hutchinson? Joe Heyman?

David Kates – Prematics, Inc. – Vice President Product Management
Dave Kates is on for—

Judy Sparrow – Office of the National Coordinator – Executive Director
David. Hello. Hello, David. Thank you.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Hello, Judy. Liz is on.

Judy Sparrow – Office of the National Coordinator – Executive Director
Good. Hello. Joe Heyman?

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Cris Ross? Cris said he would be late. Dave McCallie? Ken Tarkoff?

Ken Tarkoff – RelayHealth – VP & General Manager
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Tim Morris? Mera Choi is here in the room with me and I'll turn it over to Liz and Judy.

Judy Murphy – Aurora Healthcare – Vice President of Applications
I think everybody got the two attachments. One was the agenda for today and then the other one was a set of PowerPoint slides, which is what we used to report out at the January 12th Implementation Workgroup meeting. Does everybody have those?

Participants
Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications
So, we are reviewing the agenda right now then and, again, the majority of the meeting will be talking about the Standards Committee presentation, which was a summary of the one and a half day hearing that we held. Then we'll talk briefly about next steps and then open it up to the public for comment.

Liz, anything you want to add at this point?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No. I think that's perfect.

Judy Murphy – Aurora Healthcare – Vice President of Applications
The first slide really does talk about the real world experience, meaningful use panels that we had. As you can see, the hearing was held on January 10th and January 11th and many of you, I know, were able to be in attendance and actually helped out in various roles, like question askers and/or moderators. So we had one related to the Regional Extension Centers and how they're providing implementation support; one about EHR certification and how they're providing implementation support.

I'm hearing a lot of noise. I apologize. Could you put it on mute if you're not talking? All right. Thank you. I felt like I was competing with an audience.

The third was health information exchange and how they are providing help with implementation support. Then we had two panels for early adopters in the eligible provider space and two panels on early adopters in the eligible hospital space.

If you go to the next slide, here's where we identified the questions that we asked each of the panelists during their five-minute testimony to answer. Obviously, there are four questions and I said they only had five minutes, so many of them focused on different aspects of these questions. The majority of them did not attempt to answer all of the questions in their entirety and a lot of the answers to these questions actually came out during the time period where we had the Q&A. So, identify your challenges, barriers and successes; outline the implementation approaches and methodologies used; that worked and didn't work; include real world examples; discuss your outcomes and results, include any surprises or unexpected outcomes and how you addressed them; and then describe your experience using the ONC

and CMS communications regarding the meaningful use criteria, standard specifications and measurements.

So then, the next few slides actually go through the names of the individuals that were on each of the panels. For Panel One, again, the Regional Extension Centers, you can see the names listed there. In all of the cases of the panels, what we were really trying to do was to get a sense of big/small, geographic reach and vendor variety. It was a little bit of a challenge to make sure we had covered all of our bases, but that's pretty much what we were going after. Again, you can see here we had a couple of physicians, a couple of directors and then we did have somebody from the Office of the National Coordinator on that Regional Extension Panel.

If you go to Panel Two, which was on certification, we had Alisa Ray from CCHIT and then we had folks that had attempted to achieve certification or had achieved certification actually, MedHost, Cerner and ChartLogic. Then we also had the Office of the National Coordinator represented on that panel as well. Then for Panel Three with the Health Information Exchange, we had Linda Reed from Atlantic Health, Mississippi Health, Life Span in Rhode Island and then, again, somebody from the Office of the National Coordinator.

Panel Four, which was early adopter providers: Mostly physicians, a couple of folks that were working with physicians in small or large practices. You can kind of look down that list. These folks were divided into two separate panels and we did have a reactor from both, the Center for Medicare and Medicaid, CMS, as well as from ONC. Then last, but not least, Panel Five. You can see the names listed there. We had quite a variety actually, again, of hospitals that were going after early certification and folks from various roles at those organizations, some CIOs, some VP-CMOs, a compliance officer. Then we did have a reactor from CMS again, Robert Anthony.

At this point I'm going to turn it over to Liz to talk briefly about what we heard, which is kind of a summation of the points that we pulled together and literally this was pulled together from one day to the next. We are still in the throes of really synthesizing the overall discussion and all of the detailed points. As many of you know, the transcripts are posted out on the Web site already, as well as the actual tapes of the meetings or the hearings themselves.

In addition to that, just late last week we did get a summary that was done by ONC. Liz and I really need to pour over that summary yet and kind of put our own notes on top of that. A couple of you did give us your notes, John Derr, for example, and I think we got a copy of Anne's notes as well. We want to layer that all together and come up with more detailed notes. These, again, are just sort of our high level review of expectations and our understanding about what we heard during the hearing. With that I'll turn it over to Liz.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Thank you, Judy. It was a very useful set of panels. I thank all of those of you and thank you so much for participating in this. We really did gain a tremendous amount of insight into what people are dealing with and because of the variety of participants in the panels, we heard it from many different perspectives.

The first one we want to talk about is the Regional Extension Centers. I think one of the key findings that we had was really a mixed sense of the value. What we discovered was there was significant variation—in fact, at least four models that we found in the way that the extension centers were set up and funded and were participating with their customers being our rural hospitals and doctors. That the costs varied significantly from regional centers, one to the other; and that it was very evident that a best practice was unclear. I think although we certainly heard very good stories about some work that was being done that was very effective, we also heard that there was work that was really too early in the process to be effective and even question marked as to how effective it would be when it rolled out. So we know that when we take a deep dive into the Regional Extension Centers that we'll have some recommendations around that, recognizing that the ONC intentionally did not proliferate a model for the Regional Extension Centers and left it to each of those centers to design a business approach as they saw fit. Certainly, they are monitoring that, but it was an interesting set of people and the way that they responded to it.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Liz, if I could jump in here? Many of you have probably seen the announcement from ONC. Judy Sparrow, I'll ask you to maybe weigh in on this one a little bit too, but late last week there was an additional announcement that the Regional Extension Centers are getting two years of additional funding. Initially they were tasked with becoming self-sustaining in two years and now what's happening is that they, I believe, have four years if I have it right from the brief announcement that I heard. Judy, are you familiar with that announcement?

Judy Sparrow – Office of the National Coordinator – Executive Director
I'm not terribly familiar, but I think that is right. They did add years, a year or two, on.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes, so we'll layer that on top of the summary when we get it, but it was one of those interesting things that some of the folks had to pay and some of them didn't, which is, of course, what Liz alluded to; that there was variation, if you will, in cost. If you wanted to use the Regional Extension Center in a few states, it was like free and in other states, it was actually fairly expensive per physician. All of this was aimed at the self-sufficiency in two years or less and so maybe this will give them some relief and they'll be able to have a cross model that's maybe a little less prohibitive for some of the small providers.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
We are the Regional Extension Center in New Hampshire and that's basically a no-cost extension for two years. That's all—

Judy Sparrow – Office of the National Coordinator – Executive Director
But you would get additional funding. Is that right, Micky?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
No.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Oh, I misunderstood then. Okay.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
There is no additional funding. There is going to be a biannual evaluation in June of 2012 that will look at the performance of all of the Regional Extension Centers. ONC may, at that time, either reallocate money among the Regional Extension Centers away from the lower performing ones and toward the more high performing ones. They may be able to provide some additional funding at that time, but there has been nothing promised right now and the announcement about the two to four years is basically just a no-cost extension.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Oh, I didn't realize that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Micky, when you say they're going to be evaluated, did they provide you with criteria on what qualifies to be high performance?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
No. No real details yet.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay. That's something, Judy, as we and others, as we make sure we get into the best practice that's something we may want to touch on.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board

Didn't they, Micky, extend the length of time in which you have to achieve a certain volume of users?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes. So there was a ... requirement that you sign up all of the physicians for whom you represented, that your Regional Extension Center was going to cover. Let's say you qualified for 1,000. It was a soft, internal requirement that you have them all signed up in the first year. Then the hard requirement was that you had two years to get them all to stage one of meaningful use. The extension now basically means that you have four years to get them to stage one of meaningful use, again, for the same dollars and with the same matching.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So one could certainly make the cognitive ... that that would potentially put another hole in sustainability, because if you got no additional dollars, you're still covering the same population, which is sort of what we heard at the hearings, will we be able to meet that requirement. Interesting.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. I just found the announcement and I can see why there is confusion, because the announcement came out on January 27th from ONC and the headline is, "Dr. Blumenthal Letter Discusses Additional Funding for ONC Programs." Then it says—

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
....

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
... so if we're going to get way into the details ....

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. No.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
There was some. There are two sources of some additional funding, so technically that's true. One was critical access hospitals, so there was a new round of funding for support to or funds for Regional Extension Centers for more critical access hospital support—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Okay.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Those were an additional sort of grant process, so they put out an RFP, put out an FOA and invited RECs to respond. Those additional awards haven't been announced yet, but that is additional funding.

The second was that there were certain Regional Extension Centers, mostly the ones who were awarded in the round two and the round three. There were just two Regional Extension Centers awarded in round three—we were one of them—who didn't get as much funding on a per-physician basis as the earlier ones, in part because they used sort of a complicated funding formula related to the second two years. So what they did was now that they were basically extending the two years to four years, they kind of trued up those ones, who didn't get sort of a full proposition funding as the earlier ones did.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Thank you, Micky. That's really helpful. Yes. Then the fact that some of this is in the form of grants that you can apply for is helpful as well.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Thank you.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
At first ... it was really just a no-cost extension.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. You have more time, not more money.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
That's right.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well thank you, Micky, for that clarification for us. We're going to move now to the second panel, which was on certification, and there were several things again revealed through that process. The first one was in general we found that the vendor's felt that the certification process was working well. We know that we've expanded from sort of a single body in the beginning, quickly building into now we have six certification bodies.

We did hear one instance of where a test script got changed and was running during a certification process, but generally speaking, the certification process seemed to be working well for the vendors. They understood what to do. The use of the NIST scripts was very helpful. They were obtaining certifications and that sort of thing.

I think the rule itself, however, came under scrutiny during the process of listening to the hearings. What we found, not just during this particular panel, but also from the provider panels was that there were certainly some purchasing and implementation challenges related to the rule and to the certified products. The first one, and we could probably go into information at nauseum around modules versus complete. I'm sure many of you on the call recognize that there are two types of certifications that can be obtained. One is as a complete EMR or EHR and one as a module that contributes and has certain aspects of becoming a complete EHR.

What we found was confusion around the two types of certification, confusion around what combination of those things you might need to get certified, which gets kind of into the definition a complete EHR. We really strove during that panel to get some understanding as well for the providers, but it was a unanimous theme that we need clarification from a certification process not so much as to what you have to do be certified, but once you get certified what does it mean. I know that Aurora and Judy and some of her constituents have been continuing to follow this. Judy and I both have had some calls with CMS and then they've had additional calls, really trying to dig into this so that we are expecting some further clarification and frequently asked questions.

It really got into definitions and mixing and matching and just trying to understand not how you get certified. People know how to go through the process now, but as a recipient of a certified product what do I have? It was, again, a very helpful panel and I think we got some new insights and certainly developed a list of new questions that we need answered.

The next panel that we—

Judy Murphy – Aurora Healthcare – Vice President of Applications
Let me just jump in on that one too, Liz. I'm sorry about that. One of the biggest issues was related to a complete EHR vendor, who also wants modular certification because they sell their complete EHR in piece parts and not having to go through the full certification for each module. They are putting a process in place where if you get complete EHR certification that you will then also be able to certify the individual modules with just an administrative fee related to those specific pieces. So I think that will be really

helpful for people that, for example, buy a GE product or a Cerner product and they don't install all of it, but they install pieces of it. They will have a mechanism now to be able to get to the complete EHR by using those modules.

Those of you who were there also recall there was an ED vendor, who specifically had issues because in order to get certified on the quality measures they would have had to have demonstrated all of the quality measures. Of course, in the ED they would not have the opportunity to hit VTE and stroke, but they would certainly be able to demonstrate the ED throughput ones. So there is a process now at CMS where they're looking at whether it would be reasonable to break quality measures apart and let the ED modules, if you will, be able to certify in just the ED quality measures, in other words, break it out and not expect them to certify in all of them. That's just an example of the kinds of things that we're really working on related to that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's a good example. I think as we continue to dig through the certification process and we really look at the way it's working—which is really our job—to uncover issues the implementers are dealing with. Which is really the whole objective of this workforce is to uncover those places where we can remove a barrier, work with CMS and ONC to get it clarified. Then be able to provide back to the implementers an easier way to get to the end stage or at least an understandable way, whether it's easier or not.

Judy Murphy – Aurora Healthcare – Vice President of Applications
By the way, we should draw attention to John Halamka's blog. I don't know if you want to quick talk about that, Liz.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well, which one?

Judy Murphy – Aurora Healthcare – Vice President of Applications
The self-certification ....

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. Most of you probably read John Halamka's blog. He put out one and really did a fantastic job of explaining what they went through in terms of doing self-certification. They have obtained that now at Beth Israel, but I think all of us that have read it found it not only very informative, but also ... have a tremendous amount of kudos to John for being so transparent in the process so others could understand. Then we got a note from him last night again, the same kind of help from John where he is beginning to now talk about even certification around or understanding what it requires to put a quality measure in place. Again, I think we continue to get really instructive information and helpful information from John's blog as we're going through this entire process.

Moving on to the third panel, which was health information exchange, it was an interesting panel. I think, again, the message just almost from the very beginning of the panel was so clear as to what they expect from not only the Implementation Workgroup, but then going back to the Policy Committee and Standards Committee is they want interoperability standards, understandable, specified, clear and they want them now. There was no mincing of words about the fact that we know that we need to exchange, but we do not have enough understanding to move forward on that and we are very concerned that as the rules around interoperability become clear that we're not going to have enough time to react. For those who didn't attend the Standards Committee, interestingly, immediately following our work and during that committee we heard about interoperability and beginning to take the road down that path, but it was very clear.

We also heard another message, which was much like the Regional Extension Centers. The regional information exchanges have a sustainability issue. If they are not funded in any way except by paying the memberships or doing those kinds of private funding issues they are very concerned about long-term sustainability. We've all been in this industry a long time and have watched exchanges come and go and that concern exists today. Then really, the varying initiatives, whether you should be signing up for a

national HIE, a statewide HIE, a local or doing your own and what are the value propositions associated with each. And what is the right thing to do for all of the right reasons, whether it's a proprietary kind of competitive advantage that you want to gain as a provider or whether it's you want to participate so that your information would be able to exchange on a more global level, either at market state or national.

Again, interesting, different points of view, but I would say; and, Judy, you can weigh in; one of the most predominant facts that came out of that panel, which we were very clear with the Standards Committee, is get us interoperability standards and get them now.

Then I think the next areas that we're going to talk about, actually, all of them are more general observations. Again, like Judy indicated, several of us got together immediately following this hearing late in the evening because we knew we'd be presenting at the Standards Committee and so we tried to pick out some themes of things that we heard. Those are on the next slide.

We heard a lot about timing, about when the meaningful use criteria were finalized and what the impact of that timing was. Not only are these impacts going to be true for stage one, but we could see these things repeating themselves for later stages of meaningful use. Obviously, once the meaningful use criteria were finalized then software vendors had to respond and make changes. We also had to wait to certify products until we understood what certification was going to require related to meaningful use and those two things then led to late delivery of upgrades. We heard that unanimously; that we were still getting upgrades. People were having to pay for upgrades. They were coming late. Obviously, an upgrade, depending on the significance of the change, requires far more than simply, as we would say, put a patch in. It could make a significant difference in a physician's office or a hospital where the software is being utilized. So I think what the clear message is here is that we need to get the timing of what is required sooner so that we can get ready and be ready in a timely manner to meet future meaningful use stages. And make sure that all of the pieces and parts of meaning that are there, meaning software is ready, vendors are ready, upgrades are ready and can be put in place.

Then we talked a great deal about communication and again, there were some very clear and unanimous themes. They really wanted to hear prompt responses when questions were asked of CMS or ONC they want a prompt response. They want the frequently asked questions to be clear and they want the help desk to respond in a way that they're not just getting sent into what seems like a queue, but actually getting back to them. We had some good response. I can tell you that both ONC and CMS were very responsive to this input and I think took seriously what was being said.

They really want consolidated documentation to understand and they want it to be; and this is something we've said many times; reliable, clear and complete and in one place. We've said over and over when you have to dig through and there is no crosswalk to finding an answer or you get what you believe to be almost conflicting answers in two FAQs or on the site it makes it very difficult to know what to do. We'll be coming forward with some recommendations around that.

Another clear theme was that the quality measures are hard. They're complex. They take a tremendous amount of data collection to be able to do the numerator and denominators that are required. From my own advantage in listening to the panel group and watching my own organization I think the difficulty is not easily understood in the beginning. I think it's only when people try to begin to attest to the numerator and denominator they realize how many factors have to be taken and in place to do this kind of measurement. I think the concern is that they are difficult now and what is coming, is it going to get more difficult.

The implementation stories: There were a lot of implementation stories. People are going through different, obviously, depending on whether they're a small physician office in a rural area or a large, metropolitan hospital or a small urban hospital, they are going through different things to get ready for implementation. I think they're finding some part of it easier. I think it, frankly, has a lot to do with what things they've been working on within their institutions or in their offices and what things are completely new. So it's going to be a unique experience.

Another theme that we wanted to talk to you guys about and make sure you understood came out; they want the meaningful use roadmap. I think we've hesitated at times to try to lay out the roadmap too far and there are some really good reasons for that, but as persons that are trying to get ready and trying to implement the right things, they're trying to see over the horizon as to what's coming next so they can plan. Because obviously, this initiative is not the only initiative which they are undertaking in their organizations and so they want to know what is coming and how do I integrate other initiatives into that roadmap. So we have communicated that back at least initially to the Standards Committee as well.

Many hours of testimony. Again, thanks to those who participated. We got a significant amount of data. We'll be working to bring that data into a more readable and digestible format, but I think I'll turn it back to Judy. We started off with a set of ten recommendations and I think we want to go back to that, Judy.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. So our last slide was just a reminder and I think some of you were on the Implementation Committee when we did the first hearing back in October of 2009, but we wanted to take a look back and look at our recommendations at that time. Now, keep in mind that was pre-meaningful use criteria being published in its final format. This was when we were just looking at the draft form. The CMS recommendations for meaningful use were not even out yet. So we talked about it being simple. Don't let perfect be the enemy of good enough. Keep the implementation class low. Design for the little guy. Don't try to create a one-size-fits-all standard. Separate content and transmission standards. Create publicly available vocabularies and code sets. Leverage the Web for transport, kind of like the health Internet, which would be easy and self-obvious how to use. Position quality measures so that they motivate standards adoption and support implementers.

We didn't actually give ourselves a score on this one, but I do have to say that just at a glance we kind of went we're not doing so good against these. What I think we ended up with and what we certainly heard from our testifiers was this is complicated. In a couple of cases, like what Liz had mentioned related to the HIE standards, it was sort of like just tell us what to do. That ONC and CMS have very consciously in some areas not been prescriptive because they didn't want to stifle innovation, but at the same time what's starting to happen now as a result of that is that some folks are really floundering and they're really not sure what they should be worrying about and what they should be focusing on. Health exchange was just a really good example because some folks are involved in private exchanges, some folks are involved in city wide or regional or state wide exchanges. Now there is the new state designated entities worrying about that as well and people curious as to what they should be participating in and where they should be going, which exemplifies the last point on the previous slide as well.

Liz had talked about this meaningful use roadmap and the importance of that was, I think, exemplified in the idea that people are not sure where they are on that journey when they look at the stage one criteria. So they're wanting to have a better understanding of the breadth and the depth of the stage two and the stage three criteria. Why don't you give me it all right now so that I have an understanding of what that roadmap is and so if it makes the most sense for me today to just go ahead and meet the stage three criteria I'm going to go ahead and do that rather than worrying about focusing on stage one or stage two. That was not only just exemplified by the individual provider testimonies. But actually, that was played out in the Regional Extension Center and certification ones as well in that people were feeling that in a few cases the stage one bars are so low that actually it might be stifling the development of advanced feature function on the part of vendors because they're just focusing on these really low level criteria. Therefore, we might actually be getting some sub-standard product development in the next couple of years. If we were able to publish stage two and stage three maybe the vendors would just go all of the way to looking at stage three. Again, the example that was used was CPOE. One medication order 30% of the time just seems like almost nothing if you're trying to implement CPOE. From an implementation standpoint, of course, you would be going for 90% or 95% of all orders being entered through CPOE, not 30% of medication orders.

With that, I think we could look at the last slide, which is our next steps. But I think Liz and I have been doing a lot of talking, so I'm going to take a pause here. Anybody who was at the hearing and we haven't

specifically discussed a particular point or if you wanted to give your overall sense of how the hearings went, let's let some of the other people chime in as well.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Anne or John or Cris Ross?

Judy Murphy – Aurora Healthcare – Vice President of Applications
... you were there part of the time. John?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
I think you all captured everything very well. I do want to say that I was pleased that when meaningful use came out or at least the document for comments, that it has meaningful use two and three in it. I was hoping; I don't know if that comes anywhere near the final rule, but one would hope it would to help give a little bit of that roadmap.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. That's a good point. That came out, I think, just a couple of days after our committee meeting.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
Exactly. Again, that's subject to interpretation on how that came out, but I thought that was great.

The other thing is I'm just totally crushed on the funding situation for the –

Judy Murphy – Aurora Healthcare – Vice President of Applications
RECs.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect
The RECs, exactly. I do see where there is money out there, but it's for a precise reason. The fact that they have four different models, it's not good when you have companies that deal across the whole United States and I think that's what we were getting a little information from those kinds of companies where they have to deal with so many different interface points just because there's no singular model out there. I thought that was a huge uncovering.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Agreed.

John Derr – Golden Living LLC – Chief Technology Strategic Officer
The one thing I came away with overall is that the quality measures, the certification, the stages and all of that were not in harmony or with workflow and that they were all worried about if I do this quality measure then my workflow has to change and you've got to give me more time. I was on an expert panel at the National Governor's Association last week where we discussed HIEs and that and a lot of things that we talked about in the meeting also came up in that meeting with the governors and with the states. So I think workflow was one. I know we mentioned it a little bit because that can be a big barrier in getting people to say I'm going to do this or I think I'll just wait until I see what stage three is like.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well, and I think that's a great point, John. I think another thing we heard was people were actually creating workflows to meet the requirement in addition to workflows they already had in place that meet their patients' needs. So I think it's very illuminating to all of us to stop and think about have we designed this in a way, have we taken into consideration that we could be asking for data and it is what it is where we have not provided a place to naturally work that into the workflow, which I think we also heard.

John Derr – Golden Living LLC – Chief Technology Strategic Officer

Yes. The big thing—of course, I'm on the NQF and I work on these quality measures and I just got an e-mail today that I forget what, the National Quality something is putting out new quality measures for the medical home and ACOs, so here are another set of quality measures that people are going to have to adhere to. I know Janet Corrigan is well aware that she's trying to harmonize them over all of the different providers of care throughout the whole spectrum.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. I agree. Judy, I don't know. Cris or Joe or any of the folks who joined us?

Judy Murphy – Aurora Healthcare – Vice President of Applications
Any other comments from anybody?

Ken Tarkoff – RelayHealth – VP & General Manager
The comment I was just going to talk about is just to say I thought based on my company's exposure, I thought the messages were pretty consistent with what we were seeing in the market. I think we were getting a really good feel across the board on large and small providers and other players about how challenging it still is out there.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's good. Well, Judy, should we move to the next steps?

Judy Murphy – Aurora Healthcare – Vice President of Applications
We absolutely can. This will be a bit, again, not just us talking, but some ideas for you guys. These were the ones that we, on the last slide, identified summarizing the hearing findings. I mentioned that there is a lot of detail up there right now, but other than the slide deck, there is really no summation. And that Liz and I really have to pour over the summary that we have from the ONC person and kind of distill that down, because I think we would like to have a full summary of the hearing findings out there in addition to our recommendations based on that. So my sense is that at the next Implementation Workgroup hearing that we will be prepared to review both of those items with you.

Comparing with the initial top ten, I think what we want to do with the top ten is look at them and say are they still valid and if they are still valid how are we doing against them. Because there are a couple of them right now I think we thought would make a lot of sense back in the day, if you will, but that we would not have included those if we were creating that list now. So we might kind of take some of them and say is this still a really valid goal? Let's stick with it. This one not so much, let's kind of take it off our top ten list and then, again, formulating those recommendations.

Now, we do need to take the recommendations, the full set, back to the Standards Committee. The Standards Committee is not meeting in February because there is a joint meeting with the Policy Committee. What are we all doing at that one, Judy? We're getting a report out from the PCAST Report.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes. Actually, the Standards Committee will have sort of an abbreviated, half-day meeting that afternoon of February 16th, so there will be a Standards Committee agenda.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
But we won't report back, Judy?

Judy Sparrow – Office of the National Coordinator – Executive Director
No. You probably won't have time—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Judy Sparrow – Office of the National Coordinator – Executive Director
But there will be a meeting.

Judy Murphy – Aurora Healthcare – Vice President of Applications
So the first day is PCAST and the—

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes. February 15th is PCAST and the first half of February 16th is PCAST and then the—

Judy Murphy – Aurora Healthcare – Vice President of Applications
And then the afternoon. Okay. Got it. Thank you for clarifying that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So it will be March.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. So it will probably be March that we need to target for the full report. Then discussing with the Policy Committee Adoption and Certification Workgroup chairs, Paul Egerman and—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Marc Probst.

Judy Murphy – Aurora Healthcare – Vice President of Applications
—Marc Probst. Thank you. I was having a block. We had talked with this group before about possibly combining up our groups and I think as a result of the hearing we're now seeing a bit more of differentiation, so the bottom-line is we have to have a discussion with them whether we should join forces or stay separate.

Then really creating a full action plan and then reporting back to the Standards Committee. That fourth one; I'm sorry; I got off on talking about the Standards Committee meeting. We felt like we really needed to sit down with Jonathon Perlin and John Halamka and talk about all of the things that we learned and what would be the best way of disseminating them.

The last one, HITSC, is really the committee report, which is the March date. I'm sorry I missed those up.

Liz, anything else kind of behind there?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No. I think that, at least from our perspective, is what we need to do, but I think we're turning to you as the Workgroup and saying you've kind of hear a preliminary report back. Many of you participated in the hearing itself. Are there other next steps that you see or modifications of the ones we've put in front of you that you'd like to suggest? So, guys, just beware if we hear nothing we're going to assume that you're okay with it.

John Derr – Golden Living LLC – Chief Technology Strategic Officer
I thought you guys did a great summary. I guess the only thing is I was going to ask you privately in e-mail; I got a lot of notes out of this National Governor's thing, but I guess we can't confuse the two groups and include them, even though there are additional things that came out of that HIE part. It was only on HIEs.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Probably we wouldn't do that. What we might want to do is if you think there's something that you'd like to report back to the Standards Committee we might encourage you to talk to John about maybe bringing some of that information back, but I would suggest that we probably, like you said, ought to keep the two separate.

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Okay. I'll copy you guys anyway.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Yes. That would be great.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Good. So, Judy, if we've got our next steps I know that we're supposed to allow 15 minutes for public comment.

Judy Murphy – Aurora Healthcare – Vice President of Applications
We're looking good.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, you're right on time.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Good.

Judy Sparrow – Office of the National Coordinator – Executive Director
Shall we ask if anybody wishes to comment from the public?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
We should.

Judy Sparrow – Office of the National Coordinator – Executive Director
Operator, could you check, please?

Operator
We do not have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you, operator. Judy and Liz, thank you both.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Absolutely.

Judy Murphy – Aurora Healthcare – Vice President of Applications
Most welcome.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
All right. We'll talk to everybody very soon.

Judy Sparrow – Office of the National Coordinator – Executive Director
Right. Good-bye.